

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 8, 2019

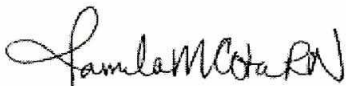
Ms. Sharon Sylvester, Manager
Blue Spruce Home For The Retired
70 Birch Street
Bradford, VT 05033-9027

Dear Ms. Sylvester:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 11/28/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2018
NAME OF PROVIDER OR SUPPLIER BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CODE 70 BIRCH STREET BRADFORD, VT 05033	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

R100 Initial Comments:

R100

An unannounced onsite re-licensing survey and investigation of one complaint was completed on 11/14/18. Based on information gathered, the following regulatory violations were identified:

R101 V. RESIDENT CARE AND HOME SERVICES
SS=E

R101

5.1. Eligibility

5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and record review, the home admitted and retained three residents who meet level of care eligibility for nursing home care without requesting a level of care variance from the Division of Licensing and Protection (section 3.5). The home has 5 pre-approved slots for level of care variances from section 5.1.a and currently has 8 of 8 residents who meet eligibility for nursing home care (Residents #1, 2, 3, 5, 6, 7, 8, 9). Findings include:

During record review and observations on 11/14/18, it was evident that six residents have been assessed and enrolled in the Choices for Care, Enhanced Residential Care (ERC) program (Residents #1, 2, 5, 6, 7, 8); none of the six has a level of care variance on file. These six residents meet eligibility for nursing home care. One resident (Resident #3) has a level of care

See
attached

DocuSign 12.26.18 4/1/18

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sharon Sylvestre

0000

52US11

TITLE

Manager

(X9) DATE

12-11-18

STATE FORM

If continuation sheet 1 of 10

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R101	Continued From page 1 variance on file and is enrolled in professional hospice services. One resident requires full care from staff and is unable to participate in any personal care or activities of daily living; this resident is not in the ERC program and does not have a level of care variance on file (Resident #9). During interview with two staff on duty at 4:00 PM on 11/14/18, no evidence was provided regarding level of care variances for the three residents who exceed the five pre-approved variance slots.	R101	See attached
R104 SS-D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2 a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include	R104	

ACCUENT 12.26.18 9/18

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R104	Continued From page 2 a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that one of three residents in the applicable sample (Resident #1) has an Admission Agreement with all required elements prior to or at the time of admission. Findings include: During record review on the afternoon of 11/14/18, the staff person on duty provided Admission Agreements for Residents #1, 2, and 3. It was noted by the surveyor, and confirmed by the staff, that the Admission Agreement for Resident #1 contained the required elements except that it was not signed or dated by either the resident or the legal representative to indicate that it was received prior to or at the time of admission.	R104	
R145	V RESIDENT CARE AND HOME SERVICES SS=D 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs	R145	

See
Attached

Re accept 12.26.18 JH/H

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R145	Continued From page 3 as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to develop a written plan of care based on abilities and needs for one of four residents (Resident #1) in the applicable sample. Findings include: Per record review on 11/14/18, Resident #1 had falls on 7/8/18 and 11/7/18. The written plan of care did not reflect the fall risk of Resident #1 or offer strategies to staff in preventing falls. The plan of care was not signed by the Registered Nurse in the space provided and as was observed for the other three records reviewed. It was confirmed with the staff person on duty on 11/14/18 at 1:30 PM that the written plan of care did not address falls, and that the nurse had not signed the plan of care.	R145	See attached		
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9 c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the	R150			

Accident 12.26.18 9H/8

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R150	Continued From page 4 facility failed to assure that symptoms and signs of illness are recorded at the time of occurrence, along with actions taken, for 1 of 4 residents in the sample (Resident #4). Findings include: During record review on the afternoon of 11/14/18, staff notes were located which indicated that Resident #4 had on 11/1/17 between 4:00 and 7:00 PM had a change of condition. The staff note stated, "We noticed s/he didn't look right. Her/his color was off, s/he wouldn't smile. S/he seemed different." The staff took the temperature (98.6) and put him/her to bed. The next staff note for the day shift of 11/2/17 noted, "Client was groggy and unresponsive...very out of it...not helping at all...took her/his temp and it was normal-98.6." At 4:00 PM of 11/2/17, the evening staff person wrote, "client not her/his self...pocketed food in the mouth." Vital signs were taken and recorded as blood pressure 105/70, pulse 122, temp 97.6, oxygen saturation 86. At that point, per interview at 4:00 PM on 11/14/18, the staff person confirms having called 911 for hospital transfer. It was further confirmed that staff did not call the nurse or seek medical assessment of Resident #4 from the initial onset of the change of condition on 11/1/17 evening and until approximately 24 hours later at 4:00 PM on 11/2/18.	R150			
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:	R167			

POC acont 12.26.18 9/18/18

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R167	Continued From page 5 (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to develop a behavioral plan of care which describes specific behaviors to be addressed by the as needed (PRN) psychoactive medication for one of three residents in the applicable sample (Resident #1). Findings include: Per record review on 11/14/18, unlicensed staff had administered one as needed dose of quetiapine 25 milligrams (an anti-psychotic medication) each evening from 11/1/18-11/13/18. Per interview of the staff person on duty, this dose was given at approximately 5:00 PM on each of those dates. The staff also confirmed that non-pharmacological interventions attempted prior to administering the medication were not documented; nor did staff document the time of administration or any details of the behavior being addressed other than "agitation". The result or effect of the quetiapine was also not documented.	R167	See attached
R171	V. RESIDENT CARE AND HOME SERVICES SS=D	R171	Resident 12-26-18 9H/81

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R171	Continued From page 6	R171	
	<p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <ul style="list-style-type: none"> (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home, (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) did not screen for side effects of the anti-psychotic medication quetiapine for one of three residents in the applicable sample (Resident #1). Findings include:</p> <p>Per record review and confirmed by the staff person on duty on 11/14/18, there was no evidence in the medical record of Resident #1 that the RN had screened for side effects of the</p>		<p><i>See Attached</i></p> <p><i>AC accnt 12-26-18 94/18</i></p>

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R171	Continued From page 7 anti-psychotic medication quetiapine. The quetiapine was administered once daily, and at times as needed additionally, as ordered by the physician, since admission on 7/3/18.		R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, 3 of 4		R179		

See
attached

POC ucent 12-26-18 9/18

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R179	Continued From page 8 staff reviewed did not complete annual training in mandatory reporting procedures for abuse, neglect, and exploitation. Findings include: Per review of the in-service records provided by the facility on 11/14/18, 3 of 4 direct care staff in the sample had not completed training in the past 12 months for the category "Abuse/Neglect/Exploitation." The dates recorded for their most recent annual review of policies and protocols for this mandatory training were 2/9/17, 2/9/17, and 2/23/17, indicating that it had been approximately 20 months since their last review.	R179	
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the	R188	See attached POC Accnt 12.26.18 9h/8d

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R188	Continued From page 9 facility failed to assure that a photo was in the medical record of each resident for 1 of 4 residents in the applicable sample (Resident #1). Findings include: Per record review on 11/14/18, there was no photo in the medical record of Resident #1 who had been living at the home since 7/3/18. This was confirmed by the staff person on duty the afternoon of 11/14/18.	R188	<i>See attached</i> <i>Pic acct 12.26.18 4h/18</i>	

R101

5.1

The survey indicates that there are 6 residents living here on ERC program.

(Residents 1, 2, 5, 6, 7, 8,)

In review of records we have 4 ERC residents—2, 5, 6, 7 and we have 4 private pay residents—1, 3, 8, 9

With only 4 ERC residents we are within our 5 pre-approved variance slots. We will make sure all paperwork is available at all times. POC in place 11/30/18

Revised POC

R101

5.1

The 5 pre-approved variances are not just for ERC patients. We will make sure that any/all residents that we have or take in will be assessed by the nurse to see if they will need a variance filed. We will follow the proper steps outlined in the Licensing Regulation book. We are in the process of filing a variance for resident #9. All paperwork for POC will be filed and in place by 1/11/2019

POC acct 12.26.18 9h/8l

R101

5.1

The survey indicates that there are 6 residents living here on ERC program.

(Residents 1, 2, 5, 6, 7, 8)

In review of records we only have 4 ERC residents—2, 5, 6, 7 and we have 4 private pay residents—1, 3, 8, 9

With only 4 ERC residents we are within our 5 pre-approved variance slots. We will make sure that paper work is available at all times. POC in place 11/30/18

R104

5.2a

An admission agreement for resident #1 was not signed. It was an ACCS agreement. The resident in question was not approved for ACCS and a private contact was done, signed, and filed on date of admission 7/3/2018. We will make sure all paperwork is in files and available to all employees. POC is in place 11/30/2018

R145

5.9c

Resident #1 care plan was not signed by RN. It has been signed. POC in place 11/30/2018

Care plan for Resident #1 was noted that s/he had an unsteady gait and s/he would be assisted with all things to prevent a fall. All staff is aware of care plan & will make sure it is followed. POC is in place 11/30/2018

per acct 12.26.18 4h/8

R150

5.9c

All staff upon hiring will be trained to complete a full set of vital signs with any changes to patients' baseline mental status or physical appearance.

Staff will notify nurse by phone with above measurements. Nurse will either come for assessment or give further instruction for staff to document.

If staff documents abnormal findings on a pt then they need to follow up with continued assessment through shift with thorough documentation. We will show new hires good examples of documenting or tell them what we need in notes.

POC in place 12/7/2018

R167

5.10

Resident #1 has a PRN order for an anti-psychotic medication. The PRN medication will be marked on the medication sheet when given, with results of why given, if it helped or did not help. All staff will be educated on this procedure. POC is in place 11/30/2018

Doc ant 12.26.18
9h/81

R171

5.10

For Resident #1 a plan will be developed by the RN regarding PRN dose of the anti-psychotic. It will be noted in the medication book and all side effects will be gone over with all staff. It will state when to give, why it is to be given, and the steps to take before administrating. All indication will be in the medication book and signed by the RN. POC in place 11/30/2018

R179

5.11

We will put into place regular staff meetings. All staff members will be trained on all 7 topics and all training will be documented in the staff book. Staff meeting will be on Fridays and they will begin the first Friday in December. POC will be in place 12/7/2018

R188

5.12b

Resident #1 did not have a picture in the front of the book to identify them. A picture will be taken and placed the front of the book. We will make sure that all residents have photos in their books. POC will be in place 12/21/2018

12.26.18
gh/ll